

ISSUE SLIP STAPLE AREA (for additional cross reference)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ST		6-22-00
O.P.E. CLASSIFIER			
FORMALITY REVIEW	LT	857	7/16/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

+ \_\_\_\_\_ Rejected  
 + \_\_\_\_\_ Allowed  
 + (Through numbers) \_\_\_\_\_ Cancelled  
 + \_\_\_\_\_ Restricted  
 N \_\_\_\_\_ Non-elected  
 I \_\_\_\_\_ Interference  
 A \_\_\_\_\_ Appeal  
 O \_\_\_\_\_ Objected

Claim	Date	Claim	Date	Claim	Date
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If more than 100 claims or 10 actions  
 staple additional sheet here

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Best Available Copy